

ASIA

INDIA

Ships of hope

Innovative boat clinics bring health and hope to thousands of men, women and children, among India's poorest, who live along the mighty Brahmaputra river

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As the monsoon rages, floodwaters ravage the remote island of Lamba Sapor in Dhemaji district in the northeastern state of Assam in India. Trapped in their waterlogged home, Punyadhar and Oipuli Morang are in dire distress. Their two-year child has had an acute asthmatic attack. There is little they can do, but hope for some help. Time ticks on; each moment's breath a greater burden on the infant. Enter Boat Clinic 'Shahnaz'. On a return trip from a health camp, the boat spots villagers frantically waving at them to stop. Its health team swings to the rescue. Treated with adequate doses of Salbutamol, the child recovers within minutes. For Punyadhar and Oipuli, the team is no less than godsend.

Plying along the mighty Brahmaputra which bisects Assam, sweeping along 891 kms of its territory, before turning south into Bangladesh, are the 'Ships of Hope'. From Dhubri on Assam's southwestern border with Bangladesh, to Tinsukia in the east, the floating clinics have a deep mission to fulfill.

There are over 2.5 million people like Punyadhar and Oipuli inhabiting the islands

of the Brahmaputra. Known popularly as *chars* or *saporis*, these are among the most backward areas of Assam. The people here are largely untouched by development activities and remain marginalised, poor and vulnerable. Entire families with young children spend their days in the fields to meet daily needs. Many live in thatched bamboo huts with a small piece of cultivable land. Their homes and farmlands are often temporary in nature, dependent on the whims of the river which often changes its course with ravaging effects on the communities on its banks. There is no access to communications and people are badly hit by recurring floods. Post flood problems—losing homes and assets such as livestock—are common. Children seldom go to school.

The Center for North East Studies and Policy Research's (C-NES') innovative health initiative is aimed precisely at these vulnerable and marginalised communities. The organisation makes an invaluable contribution to their lives through specially designed Boat Clinics.

This unique health clinic story began with a single boat, a prototype called Akha (which means hope in Assamese). Akha received the World Bank's India Development Market Place Award for the year 2004 for unique innovations and transforming the lives of rural communities. With funds from that award, the first boat took shape at Majjanghat, Dibrugarh. From that one boat, the initiative was extended to include nine more.

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Boat clinics in Brahmaputra river, Assam, India. The floating clinics have a mission to fulfill for 2.5 million people inhabiting the islands of the river, who are marginalised, poor and vulnerable

C-NES's Managing Trustee, eminent journalist and writer Sanjoy Hazarika, who conceptualised the programme, says that the outreach is beyond his expectations. "We began with a simple idea, with one boat, in one district—Dibrugarh," says Hazarika. "Today, the implementation of the programme in 13 districts with a staff of nearly 200, including doctors, nurses and paramedics, as well as the unstinted support we have received from NHM and UNICEF shows that truly there is nothing more powerful than an idea whose time has come; we are delivering not just healthcare but enabling people to access their basic right to a better quality of life."

Five of the boats have been financed by the prominent editor and economist, Swaminathan S Aiyar, and named after members of his family. The Boat for the Jorhat Boat Clinic has been donated by Oil India Limited (as part of its golden jubilee celebration). The Sonitpur and Kamrup Boat has been donated by Numaligarh Refinery Limited (NRL). The remaining are hired boats. They are designed and equipped to conduct basic healthcare services either on the boat or on the riverbanks of the *char/sapori* villages with space for an out-patient department (OPD), a laboratory, pharmacy, cabins for medical staff, kitchen, toilets and crew quarters, equipped with generators, water tanks and powered by 120 hp engines. The Bengaluru-based SELCO Foundation has donated solar panels for four Boat Clinics. There is provision for dental healthcare in the Jorhat and Bongaigaon boats with support from Mahindra & Mahindra Financial Service Ltd as part of their Corporate Social Responsibility (CSR) programme.

While the main focus of the initiative, in partnership with National Health Mission (NHM), has been on women and children, its benefits accrue to the population at large in 13 districts across Assam: Dhubri, Goalpara, Barpeta, Bongaigaon, Nalbari, Kamrup, Morigaon, Sonitpur, Lakhimpur, Dhemaji, Jorhat, Dibrugarh and Tinsukia. In these districts, the Boat Clinics are reaching the poor and marginalised with sustained healthcare for the first time. Many had never seen a doctor, a stethoscope or a syringe ever before. At a Dhemaji Camp, an elated health team was informed by villagers that the first child in their village, whose mother was under the team's supervision for her prenatal check-ups, was named 'Doctor'—a reflection of how much the teams have managed to penetrate communities and make their presence felt and appreciated. Besides medical services, the psychological aid that the

programme has brought to these scattered communities is adding to their overall well-being. Problems of alcoholism, depression and hopelessness abound in the islands where dwellers lose whatever little they own, year after year, to the river.

In Dibrugarh's Karmi Chuksapori, 25-year-old Phaguni Payeng, married to a daily wage earner and a mother of four, lived in constant dread of another pregnancy. Repeated childbirth had made her weak, anaemic and unable to work in the fields to supplement the meagre family income. Each year, the river would sweep away her temporary home. Only the previous year she lost her only cow and entire belongings. Her life looked unbearably bleak until a neighbour told her about 'Akha' and the health camps.

The health team has since provided Phaguni with an awareness of and education on family planning methods. The team supplies her with iron tablets in the regular camps, which she attends without fail. It conducts immunisation programmes and regular medical check-ups for her children. Today an optimistic Phaguni asks fellow villagers to attend the camps and follow what the team has to say.

Each district has a total strength of 15 team members. This includes one District Programme Officer (DPO), two Medical Officers, one general nurse cum midwife (GNM), one pharmacist, one laboratory technician, two auxiliary nurse midwives (ANMs), two community workers and four crew members. The boats go to the islands for three to five days at a stretch with doctors and paramedical staff. Camps usually begin at nine in the morning and continue with a brief break till three in the afternoon, when the team boards the boat for the next destination. After a night's rest, they set out for the next camp. Around 18 to 20 camps are conducted on an average every month. Local communities and leaders are involved in the conduct of the camps, which often are held in difficult conditions with teams battling floods and erosion in the monsoon, and shallow routes and long walking distances to remote villages in the winter.

"At times, we walk six to seven kilometres or more just to get to a village and hold a camp," said a Medical Officer. "But the experience is enriching since the villagers see us as people who are bringing an improvement to their lives; this is visible from our many visits. It is exhausting work but also deeply fulfilling." From Sadiya to Dhubri, children, women, and the elderly crowd the Boat Clinics with health queries and for general check-ups.

There has been a distinct change in attitude, with increasing numbers of young mothers with babies clinging to their backs coming to the immunisation centres

Laboratories which include semi auto-analysers and pharmacies in the boats become functional as soon as the health camps start. Nurses take position in a separate enclosure near the check-up booth that caters to children and women for immunisations, antenatal care (ANC) and postnatal care (PNC). Diarrhoea, dysentery, ear and skin infections (both caused by prolonged exposure to river water, especially among children who are not in school), anaemia and fever are common ailments and most are preventable. The health team gives villagers a lesson or two on maintaining personal hygiene.

There has been a distinct change in attitude, with increasing numbers of young mothers with babies clinging to their backs coming to the immunisation centres. Continuous visits and interactions with the health team with residents have created this transformation. Gone are the days when the very idea of an immunisation team coming

to their homes was met with suspicion. There are examples of women asking for family planning because they did not want more children since this could pose a danger to their health. At the close of camps, Medical Officers conduct an interactive session where they speak of the need for family planning, the importance of women's health and that of spacing children. Their audiences listen with rapt interest. This is the Akha model: initiatives, innovativeness, motivation, mobilisation, training, self-help and sustainability, giving all a stake in improving their lives, not just relying on governments and other agencies.

The Boat Clinics have a more popular name—they are called 'Doctor's Boat' by the children of the islands. They run along with the boat on the riverbank, waving their hands in great anticipation as the boat passes by their *sapori*, and continue doing so till it becomes a mere speck in the horizon. And the river quietly flows by..... ❏